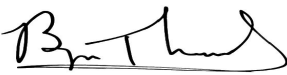


**RICHMOND POLICE DEPARTMENT GENERAL ORDER**

NOTE: This directive is for internal use only, and does not enlarge an employee's civil liability in any way. It should not be constructed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violation of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

Chapter 6	Number 17	Effective Date 12/07/10	Review Date 2013
Subject HANDLING MENTALLY ILL PERSONS			☐ New Order ☒ Replaces <i>G.O. 06-17, (11/16/07)</i> <i>E.O. 08-15, (08/29/08)</i> <i>E.O. 08-18, (09/30/08)</i> <i>E.O. 08-19, (10/31/08)</i>
References CALEA 41.2.7a, 41.2.7b, 41.2.7c, 41.2.7d and 41.2.7e VLEPSC OPR.08.03a, OPR.08.03b, <i>OPR.08.03c, OPR.12.01</i> Code of Virginia Section §37.1-67.1, §37.2-808 and §37.2-809 General Orders 1-13, 6-10 and 6-18			
 _____ Chief of Police or Designee		12/07/10 _____ Date	

I. PURPOSE

The purpose of this directive is to establish the policy and procedure for the handling of mentally ill persons by members of the Richmond Police Department, service of *ECOs and TDOs* and any associated follow-up investigations.

II. POLICY

It is the policy of the Richmond Police Department to provide guidance to its sworn personnel regarding the ways to legally and procedurally handle a situation involving a mentally ill person.

III. ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines set forth in this General Order. Failure to comply will result in appropriate corrective action. Responsibility rests with the Division Commander to ensure that any violations of policy are investigated and appropriate training, counseling and/or disciplinary action is initiated.

In addition, it is the responsibility of the officer's supervisor to have knowledge of the incident involving the mentally ill person and *to* provide guidance, oversight and supervision, as required.

IV. PROCEDURE

- A. An Emergency Custody Order (ECO) orders police officers to take into custody and transport the individual named in the ECO to a place where he/she can be evaluated face to face by a person designated by the local Community Services Board or the Richmond Behavioral Health Authority (RBHA), who is skilled in the diagnosis and treatment of mental illness in order to assess the need for hospitalization.

1. VA Code §37.2-808 provides that a law enforcement officer, based upon his/her observations or the reliable reports of others has probable cause to believe that a person meets the criteria for emergency custody may take that person into custody and transport that individual to an appropriate location to assess the need for hospitalization without prior authorization. Such evaluation shall be conducted immediately. The person shall remain in custody of the officer until either a Temporary Detention Order (TDO) is issued or until the Crisis Team evaluator determines that the person may be released and the person is released. If ***a TDO is not issued***, the officer shall transport the individual to the location where the officer initiated the original transport.
 2. The criteria for emergency custody is when an officer, based upon the officer's observations or the reliable reports of others, has probable cause to believe that a person: ***(i) has a mental illness and that there exists a substantial likelihood that, as a result of mental illness, the person will, in the near future, (a) cause serious physical harm to self or others as evidenced by recent behavior causing, attempting or threatening harm and other relevant information, if any, or (b) suffer serious harm due to his/her lack of capacity to protect him/her self from harm or to provide for his/her basic human needs, (ii) is in need of hospitalization or treatment and (iii) is unwilling to volunteer or incapable of volunteering for hospitalization or treatment.***
 3. When probable cause exists as stated in the above paragraph, officers need not wait for an Emergency Custody Order to be issued. They are authorized to transport the individual to Crisis Intervention to be evaluated by the Crisis Intervention personnel or to another facility which the Crisis Intervention Unit may designate.
 4. There is nothing in this directive that limits an officer from taking an individual who meets the mentally ill criteria to the Crisis Intervention Unit at the RBHA to be evaluated.
- B. Execution Service of Emergency Custody Orders and Temporary Detention Orders:
1. Emergency Custody Orders - (VA Code §37.2-808):
 - a. ECOs ***must be executed within*** four hours from issuance and should be served as soon as possible. If the officer cannot execute the ECO in 4 hours, the officer shall notify RBHA Crisis Intervention and return the order to the Magistrate's office. ***Once the ECO is executed, it is valid for four additional hours.***
 - b. ***The ECO may be extended for one additional two hour period.***
 - Example: The Magistrate issues an ECO at 1300 hours. The officer must execute the ECO by 1700 hours. The officer has four additional hours once the person is in custody. This time period may be extended two additional hours, if necessary.***
 2. Temporary Detention Orders - (VA Code §37.2-809):

- a. *Upon issuance*, a TDO is valid for a maximum of 24 hours. If not executed within the mandated 24-hours, the expired TDO shall be returned to the Magistrate's Office and a new TDO must be obtained.
 - b. A TDO authorizes a police officer to take into custody the person named in the TDO and to deliver him/her to a facility designated in the TDO. *A TDO may also authorize transport for emergency medical evaluation or treatment or transport for evaluation or treatment as may be required by a physician at the temporary detention facility.*
 - c. If the Magistrate issues either an ECO or TDO and it is executed, the officer may request another police unit to pick up the ECO or TDO from the Magistrate's Office or the Warrant and Information Services Unit (*Information Desk*) and take it to the designated hospital so that the patient can be admitted.
 - d. *Officers shall consult with RBHA personnel if the officers encounter problems with delivering patients to a designated facility.*
3. When DEC receives a call to transport a patient or serve *the ECO or TDO and the person is not located at a personal residence*, the Communications Officer shall determine the physical location of the *facility where the patient will ultimately be treated, as noted on the ECO or TDO. An officer from the precinct where that facility is located shall be logged the call.*
 4. If the individual *patient* is outside of the jurisdiction of the City of Richmond, RPD will not become involved. DEC shall attempt to determine if the individual is violent or passive.
 5. The transporting officer will search every individual before he/she is transported.
 6. *Once the ECO or TDO is served, the officer who served the ECO or TDO will forward a completed copy of the paper to the Warrant and Information Services Unit for entering data into the Records Management System (RMS) PISTOL system's warrant module. Warrant and Information Services Unit personnel shall enter the following information into the warrant module:*
 - a. *Nature/Type of document ("Warrant Type");*
 - b. *Date issued ("Warrant Issued");*
 - c. *Source of document ("Warrant Issue Agency");*
 - d. *Date and time received ("Warrant Received");*
 - e. *Charge code ("Warrant Charge");*
 - f. *Tracking No. ("Warrant Docket #");*

- g. *Date service due (“Warrant Exp. Date”);*
- h. *Method of service (“Warrant Tracking Track Code”);*
- i. *Date of service and/or return (“Warrant Tracking Date/Time”);*
- j. *Name of complainant (RBHA Crisis or other as named in the order; “Warrant Related Names”);*
- k. *Name, address, and identifying data of respondent;*
- l. *Officer assigned for service or serving officer (“Warrant Tracking Officer”);*
- m. *Date and time of assignment (“Warrant Tracking Date/Time”);*
- n. *Location of service or attempted service (“Warrant Tracking Notes”); and,*
- o. *Reason for non-service (“Warrant Tracking Notes”).*

C. Transport of Non-Violent Mentally Ill Individuals:

When a call is assigned to pick up an ECO or TDO, the *logged* unit *from the precinct where the detention facility is located* shall respond to the location of the paper and receive it from the issuing Magistrate or judge *for service*.

D. Transport of Violent Mentally Ill Individuals:

- 1. The primary call for service shall be to the location of the subject to secure that individual for the safety of all parties involved. A second call for service shall be *dispatched to a unit within the same precinct as the primary call for service*. The officer responding to this call (*second call*) shall acquire the paperwork and deliver it to the Precinct personnel who logged the primary call for service.
- 2. If the violent or highly agitated mentally ill persons cannot be taken to the Crisis Intervention Unit, the officer(s) shall call the Crisis Intervention Unit and they will identify an emergency room at a City hospital where persons may be taken for the purpose of safe evaluation or attempt to locate a bed for the patient and direct the officer to a specific hospital.

NOTE: *According to VA Code §37.2-808 (C), magistrates have the authority to authorize alternative transportation providers. If transportation is ordered to be provided by an alternative transportation provider, RPD officers shall execute the order, take the person into custody and transfer custody of the person to the alternative transportation provider identified in the order. In such cases, a copy of the emergency custody order shall accompany the person being transported pursuant to this section at all times and shall be delivered by the alternative transportation provider to the community services board or its designee responsible for conducting the evaluation.*

- E. If the mentally ill person claims sickness or injury, based on its nature, the transport officer should have emergency medical technicians on the scene or hospital personnel examine the individual. ***The officer shall document the occurrence and action taken in the narrative section of the IBR.***
- F. If the mentally ill person is suspected of carrying a communicable disease such as AIDS or hepatitis, the transport officer shall follow departmental protective procedures for infectious diseases as outlined in General Order 6-18, Infectious Diseases. The Crisis Intervention Unit personnel and a police supervisor must be notified in the above listed situations or in any other unusual instances. If the patient was previously known to the RBHA, based on the information provided by the officer, Crisis personnel may be able to advise the officer how to proceed. They may also be able to locate a Crisis Team in the field that is closer to the location where the officer is to evaluate the individual. Reporting exposure to infectious diseases has the same requirements as for any injury.
- G. Restraining Mentally Ill Persons:

The procedures pertaining to the transport of an arrestee shall also apply to the transport of a mentally ill arrestee (refer to the procedures outlined in General Order 6-10, Restraint, Transportation ***and Temporary Detention*** of Custodial Arrestees). Mentally ill persons in custody on ECOs or TDOs shall be transported by the police wagon. The wagon driver shall ensure that the interior of the wagon is completely searched and the individual is carefully patted down for instruments that he/she could possibly use to inflict personal harm to him/her self. Officers should use their best judgment when securing mentally ill persons in custody.

EXCEPTION: Persons may be transported by ambulance when necessary. Officers shall maintain custody over the ECOs and the TDOs.

- H. Interview and Interrogation of Mentally Ill Persons:
1. Interviews and interrogations of persons believed to be mentally ill that are suspected of committing a criminal offense will be conducted in the same manner as for all other suspects. A person, who is determined to be mentally ill, can still have the ability to knowingly and voluntarily give a reliable statement.
 2. In order to assist in the prosecution of such an individual, the officer/detective conducting the interview or interrogation shall pay specific attention to and take note of whether the subject answers basic questions appropriately, remains alert at the time that questioning takes place and/or demonstrates any indication of confusion.
 3. If an officer/detective believes that the subject's mental state outweighs the seriousness of any applicable criminal charges, involuntary commitment may be sought according to the aforementioned procedure(s).

- I. In all instances where a mentally ill, emotionally disturbed or suicidal person is present, officers shall be continually mindful of their personal safety including the retention of their “use of force options”, particularly their firearms.
- J. Richmond Behavioral Health Authority’s (RBHA) Crisis Intervention Unit in the City of Richmond:

The Crisis Intervention Unit at RBHA, 107 South 5th Street, ***basement level***, will make the evaluation. The Crisis Intervention Unit's 24 hour telephone number is 819-4100.

- 1. Crisis Intervention Unit personnel are available around the clock. Frequently, during periods of expected high activity, all available Crisis staff may be dispatched to field interventions. When this occurs, an answering service will relay calls to the Crisis staff working in the field.
- 2. For the purpose of expediency, officers are encouraged to call ahead prior to taking patients to the Crisis Intervention Unit to make certain staff are actually at the Unit and/or to determine an alternative location to meet and the anticipated time of arrival.

K. Commitments Within the City Limits:

- 1. The person does not need medical screening unless specified by the medical facility, psychiatric facility, Crisis staff and any other medical personnel or as may be necessary to obtain emergency treatment or further medical evaluation prior to placement in the facility of temporary detention.
- 2. The RBHA’s Crisis Intervention personnel will designate the medical or psychiatric facility to which to take the person.
- 3. Once the RPD officer picks up the TDO and arrives at the medical or psychiatric facility with the person, he/she shall execute the TDO. ***The officer shall maintain custody until custody has been accepted by the appropriate personnel designated by the facility identified in the TDO.***

NOTE: RPD and Bon Secours Richmond Community Hospital have entered into a Memorandum of Understanding (MOU) to help facilitate the timely transfer of custody.

- 4. If medical attention is needed prior to admittance to the mental health facility denoted on the TDO, the individual will be first sent to a hospital facility with an emergency room to be evaluated and treated as necessary. The transporting officer will remain with the individual until transport is made to the final destination noted on the TDO.

L. Out of Town Commitments - (No beds available within the City limits) and/or Escapees from a Secure Out of Town Detention Center (i.e. Central State Hospital):

- 1. The RPD officer will pick up the TDO, but not sign it.

2. The officer will verify the identity of the escapee or missing person and secure that individual.
3. The officer will request DEC to notify Richmond Sheriff's Office personnel that the individual is in transport to the medical facility designated.
4. The RPD officer shall execute the first part of the TDO and initiate the medical screening process by taking the person to the designated medical facility for screening.
5. The Richmond Sheriff's Office will contact the On-Call Transportation Deputy who shall execute the second part of the TDO and take charge of the person once he/she arrives at the medical facility.
6. The RPD officer shall return to duty once the Transportation Deputy takes charge of the person.

M. Juveniles - Mentally Ill:

1. All juvenile complaints of mental illness shall be referred to Crisis Intervention personnel, who will assess the situation and intervene as required. Parents or legal guardians or Child Protective Services staff must be available for all hospitalizations.
2. Juveniles under the age of 14 do not need an ECO or TDO to be placed into a mental health facility. The parents or legal guardians have the authority to place their own child into the facility. ***An ECO or TDO may be issued for juveniles under the age of 14 in instances where the juvenile is beyond the control of the parent or guardian and transportation of the juvenile might put the safety of individuals involved at risk.***

N. Teletype Messages from Other Jurisdictions to Transport Mentally Ill Persons:

Before attempting to serve the Teletype Message, officers shall call the Crisis Intervention Unit to ascertain available bed space. Teletypes, which are not executed, shall be returned to DEC. Teletypes for Richmond residents involuntarily committed to Central State Hospital or other State psychiatric facilities are to be remanded to the custody of the Richmond Sheriff for return to the designated facility.

O. RPD officers shall adhere to the guidelines provided in General Order 1-13, Hospital and Emergency Room ***Regulations***.

P. Training:

1. Mental illness training is conducted in conjunction with the Richmond Behavioral Health Authority. Department members shall receive entry level training in recognizing and handling persons suffering from mental illnesses.
2. Members shall receive Mental Illnesses refresher training courses at least every three years.

V. FORMS

Emergency Custody Orders or Temporary Detention Orders